

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012094

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 22 1962

Primary Registration District No. 3050 Registrar's No. 27

VS 300
Rev. 4/59

1 0785

2 0785

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		c. CITY OR TOWN Caruthersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 E. 18th. Street		d. STREET ADDRESS (If outside, give location) 402 E. 18th. Street	
3. NAME OF DECEASED (Type or print) First Theodore Middle Jefferson Last Darnell		4. DATE OF DEATH Month March Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/9/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer- Owner		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 71
11a. FATHER'S NAME George W. Darnell		11b. MOTHER'S MAIDEN NAME Mary P. Darnell	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Louise Johnson	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident 12 hrs		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Louise Darnell-Caruthersville		18. INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pneumonia, Emphysema, Histoplasmosis.		20c. TIME OF INJURY Hour 5:20 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) July 10 - 1961	
20f. CITY, TOWN, OR LOCATION Caruthersville Mo		20g. COUNTY Missouri	
20h. STATE Missouri		20i. DATE SIGNED 7/24/62	
21. I attended the deceased from death occurred at July 10 - 1961 5:20		22. SIGNATURE (Degree or title) [Signature]	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/25/62	
23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.		23d. LOCATION (City, town, or county) Caruthersville, Missouri	
24. FUNERAL DIRECTOR H.S. Smith F. Home-Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 3-27-1962	
26. REGISTRAR'S SIGNATURE Jack W. Tipton		27. DATE SIGNED 7/24/62	

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Deaver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.